

I018452



**ATLANTA, GEORGIA**  
P.O. Box 16247  
Atlanta, GA 30321 0247  
Phone: 770.968.9222  
Toll Free: 800.795.9222  
Fax: 770.968.7281

**DALLAS, TEXAS**  
Phone: 972.988.9200  
Fax: 972.641.8170

May 4, 2007

Document Processing Desk 6(a)(2)  
Office of Pesticide Programs (7504C)  
United States Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue NW  
Washington, DC 20460

Sir or Madam,

Please find enclosed the Adverse Effects Report submitted in accordance with FIFRA 6(a)(2).

If you have any questions please call me at 770-968-9222 ext 407 or e-mail me at [kim.inman@abccompounding.com](mailto:kim.inman@abccompounding.com).

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kim Inman', with a long horizontal flourish extending to the right.

Kim Inman  
Regulatory Chemist  
ABC Compounding Co., Inc.  
PO Box 16247  
Atlanta, Georgia 30321

# \*Personal privacy information\*

- 001

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 1 of 1

Row 1	Reporter Name [Redacted]	Submission date 5-4-07	Contact person (if different than reporter)	Internal ID
Administrative Data	Address [Redacted]		Address	
	Phone [Redacted]		Phone #	
	Incident Status: New <input checked="" type="checkbox"/> Update <input type="checkbox"/> If update, include date of original submission.	Location and date of incident. (City, County, State) Oct '06 Provo Utah	Date registrant became aware of incident. 2-13-07	Was incident part of larger study? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> U <input type="checkbox"/>
Row 2	EPA Registration # (Product 1) 11725-8-559	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) para-tertiary amyl phenol ortho benzyl para-chlorophenol ortho phenyl phenol	A.I. (s)	A.I. (s)	
	Product 1 name Super gard Cleaner Disinfectant Deodorizer (SAS)	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? Y N U NA <input checked="" type="checkbox"/>	Exposed to concentrate prior to dilution? Y N U NA	Exposed to concentrate prior to dilution? Y N U NA	
	Formulation Liquid	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U Intentional misuse <input checked="" type="checkbox"/> No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Workplace	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Description below	
	Applicator certified PCO? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) see incident Description	Brief description of incident circumstances. see attached		

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 1 of 1

Demographic information. Age _____ Sex _____ Occupation (if relevant) <u>unk</u>	Exposure route Skin _____ Eye _____ Oral _____ Respiratory <input checked="" type="checkbox"/> Unknown _____ Other: _____	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <u>no</u>	Was protective clothing worn (specify)? <u>unk</u>
If female, pregnant? Yes _____ No _____ (Unknown <input checked="" type="checkbox"/> )	Was exposure occupational? Yes <input checked="" type="checkbox"/> No _____ Unknown <u>unk</u> If yes, days lost due to illness <u>0</u>	Time between exposure and onset of symptoms. <u>See Symptoms</u>	
Type of medical care sought. (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient) <u>MD HCF</u>	List signs/symptoms/adverse effects <u>Headache - 30 min or less</u> <u>Nausea - 30 min or less</u>	If lab tests were performed, list test names and results (if available, submit reports) <u>None</u> <u>Reported</u>	
Exposure data Amount of pesticide: <u>unk</u> Exposure duration: <u>unk</u> Victim weight: ____ lb ____ kg <input checked="" type="checkbox"/> unknown			
Human severity category _____ <u>HC</u>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

part of -001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: <b>Ramona Zellers</b>	Submission date:	Contact person (if different than reporter)	Internal ID <b>1-14581412</b>
Administrative Data	Address: <b>Utah State Hospital 1300 East Center Street Provo Utah 84603</b>		Address:	
	Phone #: <b>(801) 344-4723</b>		Phone #:	
	Incident Status: <b>New</b>	Location and date of incident <b>Provo Utah 10/25/2006</b>	Date registrant became aware of incident: <b>1/25/2007</b>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) <b>11725-8-559</b>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 Name <b>Supergard Cleaner Disinfectant Deodorizer (5085)</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <b>NA</b>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation <b>Liquid</b>	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <b>Workplace</b>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <b>See Description Notes</b>	
Incident Circumstances	Applicator certified PCO? <b>Not applicable</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <b>See Incident Description</b>			

*1/25/2007 3:38:18 PM Supergard*

***IIX: Caller states that employee of Utah State Hospital reported an employee had exposure to product about 2 months ago of possible inhalation exposure from leak out of old bottle left on shelf of product. SX of feeling kind of sick and headache since Oct. '06. Employee was sent to employee health for evaluation at time. Caller is asking if this product could cause long term permanent respiratory sx. Caller is concerned mostly because she feels product is old (> 2 yrs) and is concerned that outdated product may be more harmful.***

***Reported exposure was very brief, once sx were noted he left area immediately, employee was sent to work med who thought respiratory irritation would be temporary, but employee's sx are persisting.***

***A: It would be unusual for person exposed as described to be continuing to have problems. Typically would not expect permanent respiratory complications. Will research further and f/u with you***

*1/26/2007 3:21:14 PM Left message for Ramona to cb and f/u for additional info.*

***1/26/2007 3:36:34 PM Ramona is calling back to provided further information. Pt. was checked by MD at time of exposure and released. Pt complains of persisting breathing difficulties 3 months later. Could this be possible? Caller's underlying medical hx has been updated.***

***RESPONSE: No. Limited exposure to chemical may provoke acute, but rapidly self-limiting sx. Age of the chemical might cause evaporation and slightly concentrate phenolics, but that would have little effect on potential toxicity.***

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

<b>Demographic information</b> Age: <i>Unknown Adult (18-64)</i> Sex: <i>Unknown</i> Occupation: (if relevant)	<b>Exposure route:</b> <i>Inhalation</i>	<b>Was adverse effect result of suicide/homicide or attempted suicide/homicide?</b> <i>No</i>	<b>Was protective clothing worn (specify)?</b>  <i>Not applicable</i>
<b>If female, pregnant?</b> <i>Did not query</i>	<b>Was exposure occupational?</b> <i>Yes</i> If yes, days lost due to illness: <i>0</i>	<b>Time between exposure and onset of symptoms:</b> <i>See Symptoms</i>	
<b>Type of medical care sought:</b> (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	<b>List signs/symptoms/adverse effects.</b>  <i>Headache - 30 min or less , Nausea - 30 min or less</i>		<b>If lab tests were performed, list test names and results (If available, submit reports).</b>  <i>None Reported</i>
<b>Exposure data:</b> Amount of pesticide: Exposure duration: Weight: <i>UNK</i>			
<b>Human severity category:</b> <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
1-14581412

-002

<b>FIFRA 6(a)(2) Aggregate Incident and Effect Information</b> <b>Submission Form</b> (Suggested Format)						Submission Date 5-4-07		page # <u>1</u> of <u>1</u>			
Product Registration # 11725-8-5741			Time Period Covered: Jan 1 2007 - March 31 2007			Total Incidents = 1					
Active Ingredient(s) para-tertiary amyl phenol ortho benzyl para-chlorophenol ortho phenyl phenol			Product Name (if known) TB-Cide PLUS								
Internal ID		Exposure Types and Severity Category Designations									
		H-D	H-E	D-A	D-B	D-C,D,E	W-B	P-B	ONT	G-B	G-C
		1									
Additional Information:											